

Appt Date _____ **TAX INTAKE FORM** Tax Center #(301)619-6265

NAME OF UTA: _____ UNIT: _____ EXT: _____

Please print all information legibly.

Branch of service (Circle one): Army/Dep Navy/Dep Air Force/Dep Marines/Dep Retiree/Dep Unit: _____

Tax Form Filed (Circle one): 1040EZ 1040A 1040 State Form (name State) _____

1) Did you file with us last year? _____ Marital Status _____

2) Taxpayer's full name: _____ Rank _____

Home Address:	State:	Zip:
	Home#	
Social Security #	Birth Date	Work#

3) Spouse's full name: _____

Maiden name: _____ (Have you reported your new name to Social Security?) _____

Home Address:	State:	Zip:
	Home#	
Social Security #	Birth Date	Work#

4) Exemption Information:

Dependent(s) Full Name First/Last	Dependent's Social Security #	Date of Birth Month/Day/Year	Months in Home	Paid Child Care/College

5) State of Domicile (Legal Residence for tax purposes): _____

6) Did you or your spouse work in California? _____

7) Do you or your spouse have a Roth IRA? _____ Date you contributed to Roth: _____

8) Did you attend college? _____ If so, how much did you contribute? _____

9) Did you do a dity move? _____

10) Did you serve in a combat zone? _____

FOR ELECTRONIC FILING: Bank information: Routing #: _____

Please Circle one: Savings Checking Account #: _____

THE FOLLOWING FORMS ARE ATTACHED:

All W2(s): _____ All 1099(s): _____ All 1098(s): _____ All IRA information: _____

Interest on College Loans: _____ Power of Attorney: _____ Copy of 2001 tax return: _____

Completed and signed 2002 tax return: _____